

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
REGULATED INDUSTRIES COMPLAINTS OFFICE
CONSUMER RESOURCE CENTER
235 SOUTH BERETANIA ST., NINTH FLOOR
HONOLULU, HI 96813
P.O. BOX 2399
HONOLULU, HI 96804

Date Rec'd.

COMPLAINT FORM

HILO OFFICE 346 KEKUANAOA ST., STE. 31 HILO, HAWAII 96720

KONA OFFICE 78-6831 ALII DRIVE, ROOM 134A KAILUA-KONA, HAWAII 96740

MAUI OFFICE 1063 LOWER MAIN ST., STE. C216 WAILUKU, HAWAII 96793

KAUAI OFFICE 3060 EIWA STREET, ROOM 204 LIHUE, HAWAII 96766

CASE	NO	
CASE	110.	

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

I wish to register a complaint against the contractor named below. I understand that the Regulated Industries Complaints Office (RICO) is unable to represent private citizens in court.

If the contractor is licensed or unlicensed, he/she will be informed of this complaint in order to facilitate the resolution of this matter.

TO HELP RICO RESOLVE THIS COMPLAINT, PLEASE ANSWER AS MANY QUESTIONS AS POSSIBLE (Please print)								
1. YOUR NAME (last)	(first)	(middle)	2. CONTRACTOR'S NAME (as shown on contract/invoice/business card)					
SSN:		-	SSN (If available):					
ADDRESS	(number)	(street)	LICENSE NO. USED:					
(city)	(state)	(ZIP code)	ADDRESS	(number) (street)				
PHONE WHERE YOU CAN BE F	REACHED 8 a.m 4:30 p.	m.	(city)	(state)	(ZIP code)			
HOME PHONE: (area code)			PHONE NUMBER					
		:	()					
3. Have you filed in court to re If so, please attach documen	_	mplaint? Yes [] No []	PERSON DEALT WITH					
PROJECT INFO	RMATION							
4. OWNER OF CONSTRUCTION	N SITE:		5. CONSTRUCTION SITE ADDRESS: street and number					
ADDRESS:	ZIP:	PHONE ()	CITY:	Z	ZIP: PHONE			
6. Describe briefly the work for which you contracted:								
7. CONTRACT DATE:	8. AMOUNT:	9. AMOUNT PAID ON CO	ONTRACT:	10. DATE WORK STARTED:	11. DATE WORK CEASED:			
12. WHY DID YOU CHOOSE THIS CONTRACTOR? [] REGULAR CUSTOMER [] DOOR-TO-DOOR SOLICITATION [] ADVERTISEMENT (Enclose copy of ad if possible) [] REFERRED BY SOMEONE [] OTHER; EXPLAIN:								
13. BRIEFLY STATE YOUR COMPLAINT								

14. Is this project a: Residence [] Commercial Building []	0	ther []								
15. Is this project a: Addition []	Repair/Replace [] New	Con	struction [] New Purchase []								
16. Was contract: Written [] Oral [] New Home Purchase Agreement [] 17. Were there any change orders? Yes [] No [] 18. Is your complaint: Failure to Complete [] Workmanship [] Other [] 19. Building permit obtained by: Contractor [] You [] Do not know []											
								20. Who presented contract? (nan	ne): Salesperson		
									Contractor		
									Do not know []		
21. Did the contractor have emplo	yees? Yes [] No [] I	f so,	how many? Do not know []								
22. Were employees, subcontracto	ors, or materialmen paid? Yes [1	No [] Do not know []								
23. Were any liens filed on this joint	o? Yes [] No [] By w	hom	Po not know []								
24. What attempts have you made	e to contact the contractor? Un	able t	to locate [] Personal contact [] Telephone []								
			Letter [] (attach copies)								
25. Have you obtained an estimate from another contractor to complete or correct job? Yes [] No []											
If yes, provide name, address,	phone number of the contractor	, and	if possible, a copy of the estimate.								
PLEAS	E SEND COPIES OF ALL PAPI	ERS I	RELATED TO YOUR COMPLAINT								
A. RICO cannot direct a nonlice correct a project.	nsed contractor to complete or	C.	RICO cannot represent private citizens in court nor collect money for you. Please contact an attorney for advice on								
civil court. Please get advice	you may also file an action in e from an attorney on filing	D.	filing such an action. You may be able to file a claim through the Contractors Recovery Fund. Please contact your attorney for details.								
such a complaint.			(Refer to Section 444-26, Hawaii Revised Statutes)								
If your dispute involves amore consider filing a claim in Small	unts \$3,500 or less, you may all Claims Court.										
	her parties, and will if necessary		e best of my knowledge. I will assist in the investigation or in the nd hearings and testify to facts. I understand that what I wan								
26. SIGN HERE		27.	DATE								
THANK V	OU FOR ASSISTING US IN OUR	EFFO	RTS TO RESOLVE YOUR COMPLAINT.								
For office was sale.											
For office use only		4-1									
BREG check: Yes [] No [] (If yes, attach printouts) P&VL check: Yes [] No [] (If yes, attach printouts)											
P&VL check: Yes [] No PRIOR COMPLAINTS HISTORY			attach printouts)								
	69 []	, cs,	action princodes								
Other Information:											
		<u> </u>									

This printed material can be made available for individuals with special needs in braille, large print or audio tape. Please submit your request to the Complaints and Enforcement Officer at 586-2666.